Caca 16-2325/LDC Eilad 11/01/16 Entered 11/01/16 1/:06:07

Ca	356 10-23234-110	5 DUC 30	Document	Page 1 of	8	Desc Main
Fill in this i	nformation to identify y	our case:				
Debtor 1	Lillian Rodriguez-May	Or Middle Name	Last Name			
Debtor 2 (Spouse, if filing	j) First Name	Middle Name	Last Name			
United States	Bankruptcy Court for the: _	New Jersey				
Case number	16-23254				Check if this is:	
(If known)					An amended filing	
					A supplement show chapter 13 income a	ing post-petition as of the following date:
Official F	orm 106I				MM / DD / YYYY	
Sche	dule I: You	r Incor	ne			12/15
supplying co	orrect information. If yo parated and your spou	u are married a se is not filing v	nd not filing jointly, vith you, do not incl	and your spouse ude information a	tor 1 and Debtor 2), both are is living with you, include in about your spouse. If more s se number (if known). Answe	formation about your spouse pace is needed, attach a
Part 1:	Describe Employm	ent				

1. Fill in your employment Debtor 1 Debtor 2 or non-filing spouse information. If you have more than one job, attach a separate page with ■ Employed **Employment status** information about additional ■ Not employed ☐ Not employed employers. Include part-time, seasonal, or self-employed work. Social Worker Occupation Occupation may Include student or homemaker, if it applies. Employer's name Newark Public Schools Employer's address 2 Cedar Street Number Street Number Street Newark, NJ 07105 State ZIP Code City State ZIP Code How long employed there? 12 years Part 2: **Give Details About Monthly Income** Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. \$ 8,172.34 \$ 0.00 3. Estimate and list monthly overtime pay. +\$ 0.00 + \$ 0.00 \$<u>8,172.3</u>4 \$ 0.00 4. Calculate gross income. Add line 2 + line 3.

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Debtor 1

Lillian Rodriguez-Mayor

First Name Middle Name Las

Last Name

Case number (if known) 16-23254

		For Debtor 1		For Debtor 2 or non-filing spouse			
Copy line 4 here	4.	\$ <u>8,172.34</u>		\$_0.00			
5. List all payroll deductions:							
5a. Tax, Medicare, and Social Security deductions	5a.	\$ 1,561.68		\$ 0.00			
5b. Mandatory contributions for retirement plans	5b.	\$ 0.00	_	\$ 0.00			
5c. Voluntary contributions for retirement plans	5c.	\$ 682.74	_	\$ 0.00			
5d. Required repayments of retirement fund loans	5d.	\$_1,359.22	_	\$_0.00			
5e. Insurance	5e.	\$ 622.26	_	\$_0.00			
5f. Domestic support obligations	5f.	\$ 0.00	_	\$_0.00			
5g. Union dues	5g.	\$ 89.90	_	\$_0.00			
5h. Other deductions. Specify: Disability	-	+ \$ 145.92	_	+ \$ 0.00			
6. Add the payroll deductions . Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.	\$ <u>4,461.72</u>	-	\$_0.00			
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$ <u>3,710.62</u>	-	\$_0.00			
8. List all other income regularly received:							
8a. Net income from rental property and from operating a business, profession, or farm							
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$_0.00	_	\$_0.00			
8b. Interest and dividends	8b.	\$ 0.00	_	\$_0.00			
8c. Family support payments that you, a non-filing spouse, or a depende regularly receive	ent						
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$_0.00	-	\$_0.00			
8d. Unemployment compensation	8d.	\$ 0.00	_	\$_0.00			
8e. Social Security	8e.	\$_1,644.00	_	\$_0.00			
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistan that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: N/A	ice 8f.	\$_0.00	_	\$ 0.00			
	9.0	ф 2 141 D2		¢ 0 00			
8g. Pension or retirement income	8g.	\$ <u>2,141.93</u>	-	\$_0.00			
8h. Other monthly income. Specify:	8h.	+\$	_	+\$0.00	_		
9. Add all other income . Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$ <u>3,785.93</u>		\$_0.00			
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$ <u>7,496.55</u>	+	\$ 0.00	=	\$ <u>7,496.5</u> 5	5
11. State all other regular contributions to the expenses that you list in Scheol Include contributions from an unmarried partner, members of your household, your friends or relatives.			omn	nates, and other			
Do not include any amounts already included in lines 2-10 or amounts that are	not av	ailable to pay exp	ense				
Specify: N/A				_ 11	. +	\$ 0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The Write that amount on the Summary of Your Assets and Liabilities and Certain S				•		\$_7,496.5 <u>\$</u>	5
						Combined monthly in	
13. Do you expect an increase or decrease within the year after you file this f	form?					onuny II	Jones
Yes. Explain:							

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	Ilian Rodriguez-Ma irst Name	RYOF Middle Name	Last Name	Check if this is:
Debtor 2 (Spouse, if filing) Fir	irst Name	Middle Name	Last Name	 —
United States Ban	nkruptcy Court for the	e: New Jersey		expenses as of the following date:
Case number 1 (If known)	16-23254			MM / DD / YYYY

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

(if known). Answer every question.				-	
Part 1: Describe Your Ho	usehold				
1. Is this a joint case?					
No. Go to line 2. Yes. Does Debtor 2 live in a	separate household?				
☑ No☐ Yes. Debtor 2 must f	ile Official Forms 106J-2, Expenses for	Separate Household of Debtor 2.			
2. Do you have dependents?	☐ No	Dependent's relationship to		Dependent's	Does dependent live
Do not list Debtor 1 and Debtor 2.	Yes. Fill out this information for each dependent	Debtor 1 or Debtor 2		age	with you?
Do not state the dependents' names.	·	Son	<u> </u>	16	☐ No ☑ Yes
		Son	<u> 1</u>	13	□ No ☑ Yes
					□ No □ Yes
					□ No □ Yes
					□ No □ Yes
3. Do your expenses include expenses of people other than yourself and your dependents?	No □ Yes				
Part 2: Estimate Your Ongo	oing Monthly Expenses				
expenses as of a date after the ba applicable date.	ur bankruptcy filing date unless you a inkruptcy is filed. If this is a supplem	ental <i>Schedule J</i> , check the box		•	•
·	on-cash government assistance if you ed it on <i>Schedule I: Your Income</i> (Offi			Your expe	enses
4. The rental or home ownership any rent for the ground or lot.	expenses for your residence. Include	e first mortgage payments and	4.	\$ <u>2,252.00</u>	
If not included in line 4:					
4a. Real estate taxes			4a.	\$_0.00	
4b. Property, homeowner's, or	renter's insurance		4b.	\$_0.00	
4c. Home maintenance, repair	, and upkeep expenses		4c.	\$ <u>200.00</u>	
4d Homeowner's association	or condominium dues		44	00.02	

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Debtor 1

Lillian Rodriguez-Mayor
First Name Middle Name

Last Name

Case number (if known) 16-23254

			Your expenses
5.	Additional mortgage payments for your residence, such as home equity loans	5.	\$_0.00
	Utilities:		
0.	6a. Electricity, heat, natural gas	6a.	\$ 330.00
	6b. Water, sewer, garbage collection	6b.	\$ 50.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$ 470.00
	6d. Other. Specify:	6d.	\$ 0.00
7.	Food and housekeeping supplies	7.	\$_1,200.00
8.	Childcare and children's education costs	8.	\$ 200.00
9.	Clothing, laundry, and dry cleaning	9.	\$ 50.00
10.	Personal care products and services	10.	\$ 100.00
11.	Medical and dental expenses	11.	\$ <u>180.00</u>
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$ 300.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$ <u>200.00</u>
14.	Charitable contributions and religious donations	14.	\$ <u>100.00</u>
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		·
	15a. Life insurance	15a.	\$ <u>0.00</u>
	15b. Health insurance	15b.	\$ <u>0.00</u>
	15c. Vehicle insurance	15c.	\$_330.00
	15d. Other insurance. Specify:	15d.	\$ 0.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	\$ 0.00
17.	Installment or lease payments:		
	17a. Car payments for Vehicle 1	17a.	\$ <u>1,092.00</u>
	17b. Car payments for Vehicle 2	17b.	\$ 0.00
	17c. Other. Specify:	17c.	\$
	17d. Other. Specify:	17d.	\$
18.	Your payments of alimony, maintenance, and support that you did not report as deducted your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).	from 18.	\$ <u>0.00</u>
19.	Other payments you make to support others who do not live with you.		
	Specify: N/A	19.	\$_0.00
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: You	ur Income.	
	20a. Mortgages on other property	20a.	\$ <u>0.00</u>
	20b. Real estate taxes	20b.	\$_0.00
	20c. Property, homeowner's, or renter's insurance	20c.	\$_0.00
	20d. Maintenance, repair, and upkeep expenses	20d.	\$ <u>0.00</u>
	20e. Homeowner's association or condominium dues	20e.	\$ 0.00

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Debtor 1	Lillian Rodriguez-Mayor First Name Middle Name Last Name	Case number (<i>it known</i>) 16-23	3254
21. Oth	er. Specify:	21.	+\$_0.00
22a 22b	Eulate your monthly expenses. Add lines 4 through 21. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 1 Add line 22a and 22b. The result is your monthly expenses.	106J-2 22.	\$ 7,054.00 \$ \$ 7,054.00
23. Calc	ulate your monthly net income.		
23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$_7,496.55
23b.	Copy your monthly expenses from line 22 above.	23b.	- \$_7,054.00
23c.	Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c.	\$ <u>442.55</u>
For e	ou expect an increase or decrease in your expenses within the year a example, do you expect to finish paying for your car loan within the year or gage payment to increase or decrease because of a modification to the ter	do you expect your	
ĭ N		,	
□ Y			

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Fill in this in	formation to identify	your case:	
Debtor 1	Lillian First Name	Middle Name	Rodriguez-Mayor
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States B	Bankruptcy Court for the:	New Jersey	
Case number	16-23254 (If known)		

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

	Your assets Value of what you own
Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$ <u>414,233.00</u>
1b. Copy line 62, Total personal property, from Schedule A/B	\$ <u>108,867.13</u>
1c. Copy line 63, Total of all property on Schedule A/B	\$ <u>523,100.13</u>
art 2: Summarize Your Liabilities	
	Your liabilities Amount you owe
Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$ <u>454,311.00</u>
Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$ <u>0.00</u>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ \$ 44,384.41
Your total liabilities	\$ <u>498,695.41</u>
art 3: Summarize Your Income and Expenses	
Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$ <u>7,496.55</u>
Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22, Column A, of Schedule J	\$ <u>7,054.00</u>

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Rodriguez-Mayor

Debtor 1 Lillian
First Name

Last Name

Middle Name

Case number (if known) 16-23254

1	art 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?		
	☐ No. You have nothing to report on this part of the form. Check this box and submit this fo ☐ Yes	orm to the court with your othe	r schedules.
7.	What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purpose.	individual primarily for a perso ses. 28 U.S.C. § 159.	onal,
	☐ Your debts are not primarily consumer debts. You have nothing to report on this part this form to the court with your other schedules.	of the form. Check this box ar	nd submit
8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.	come from Official	\$ <u>10,314.27</u>
9.	Copy the following special categories of claims from Part 4, line 6 of <i>Schedule E/F</i> :		
		Total claim	
	From Part 4 on Schedule E/F, copy the following:		
	9a. Domestic support obligations (Copy line 6a.)	\$ <u>0.00</u>	
	9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <u>0.00</u>	
	9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	<u>\$0.00</u>	
	9d. Student loans. (Copy line 6f.)	<u>\$0.00</u>	
	9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	<u>\$0.00</u>	
	9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$28,543.41	
	9g. Total. Add lines 9a through 9f.	\$ 28,543.41	

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Fill in this in	formation to identify yo	our case:	
Debtor 1	Lillian Rodriguez-Mayor	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States E	Bankruptcy Court for the: _		New Jersey
Case number (If known)	16-23254		

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

No	
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and
	Signature (Official Form 119).
der penalty of perjury, I declare that I ha	ve read the summary and schedules filed with this declaration and
	ve read the summary and schedules filed with this declaration and
der penalty of perjury, I declare that I ha t they are true and correct.	ve read the summary and schedules filed with this declaration and
	ve read the summary and schedules filed with this declaration and
	ve read the summary and schedules filed with this declaration and
t they are true and correct.	
	ve read the summary and schedules filed with this declaration and